

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

01870

CERTIFICATE OF DEATH

Reg. Dist. No. 286

FILM No. 101 MAR 13 1946

1. PLACE OF DEATH:

County St. Mary's

City or town Rural Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary's

City or town Rural Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Minus Barber

3. (b) Social Security Number

4. Sex m 5. Color or race col 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mary Catherine Barber

7. Birth date of deceased (mo., day, yr.) 5-12-1871 6.(c) If alive, give age 62 years

8. AGE: Years 74 Months 7 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Chaplin St. Mary's md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William Barber

13. Birthplace Chaplin md.

14. Maiden name Lottie Barber

15. Birthplace Chaplin md.

16. Informant Mary Josephine Young

Address md

17. Bureau Date thereof 2-16-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Burtonwood md.

18. Funeral director Rose E. Dr. 21st

Address Chaplin md.

19. 2-16- 19 46 N.V. Palom
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14- 19 46, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-12- 19 46, to 2-14- 19 46

and that I last saw him alive on 2-13- 19 46

Immediate cause of death Pneumonia

Pneumonia DURATION 4 ds.

Due to Carcinoma

of stomach 2 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palom M. D. or other _____

Address Avernum Date signed 2-16-46

RECEIVED
FEB 27 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (22)

CERTIFICATE OF DEATH

01871

Reg. Dist. No. 244

1. PLACE OF DEATH:

County St Marys
 City or town Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Charles Beander

3.(b) Social Security Number

4. Sex Male 5. Color or race Color 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mary Evans
 7. Birth date of deceased (mo., day, yr.) Jan 23 1895 6.(c) If alive, give age 56 years
 8. AGE: Years 51 Months _____ Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace California St Marys Md
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Beander
 13. Birthplace St Marys Co
 MOTHER 14. Maiden name Sallie Brent
 15. Birthplace St Marys Co

16. Informant Mary Evans Beander
 Address Leonardtown Md

17. Burial Date thereof Feb 15-1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St John

Location Walden road Md

18. Funeral director W C Matthews Sons

Address Leonardtown Md

19. 2/15 46 Council
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1946 at 8:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 to Feb 12 1946

and that I last saw him alive on Feb 12 1946

Immediate cause of death Nutritional insufficiency DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury 7 Injured at work? _____

23. SIGNATURE Paul A. Council M. D. or other _____

Address Leonardtown Date signed 2/15/46

STANDARD LIFE DEPARTMENT OF TEXAS

CERTIFICATE OF DEATH

RECEIVED
FEB 16 1946
BUREAU T R

RECEIVED DEPARTMENT OF TEXAS

01872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
 County St Marys
 City or town Parkley
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County St Marys
 City or town Parkley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME Walter Perry Dent 3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Grace B. Dent
 7. Birth date of deceased (mo., day, yr.) Feb 20-1859 6.(c) If alive, give age 80 years
 8. AGE: Years 86 Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Parkley St Marys Maryland
 (Town, county, and state)

10. Usual occupation M.D.

11. Industry or business Physician

12. Name Walter P. Dent

13. Birthplace St Marys Co Md

14. Maiden name Theodora Mankin

15. Birthplace Charles Co Md

16. Informant J. Frank Dent

Address Clifton Md

17. Burial Date thereof Feb 9 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Ann's

Location Parkley Md

18. Funeral director W. C. Montgomery Sons

Address Fredericktown Md

19. 2-10-1946 W. V. Palmer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1946 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1-31-1946 to 2-7-1946

and that I last saw him alive on 2-6-1946

Immediate cause of death Ischemic Heart Disease DURATION 6 mos.

Due to arteriosclerosis 20%

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palmer M. D. or other _____

Address Arden Md Date signed 2-10-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 13 1946

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-4

CERTIFICATE OF DEATH

01873

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Leonardsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 days
 Hospital, institution, or street address where death occurred:
22 days
 How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Laurel Grove
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 28, 1945 8. (c) If alive, give age _____ years

8. AGE: Years _____ Months 8 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Laurel Grove St Marys Md
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Albert L. Graves

13. Birthplace Laurel Grove Md

14. Maiden name Rose C. Duade

15. Birthplace St Marys Co

16. Informant Albert L. Graves

Address Mechanicville Md

17. Burial Date thereof Feb 28, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt Zion

Location Laurel Grove Md

18. Funeral director W C Mattingly Sons

Address Leonardsville Md

19. 2/28 19 46 Chaucer
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 19 46, at 4:43 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Influenza

meningitis

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Aloysius C. Wild MD

Address Chaplin Md M. D. or other _____

Date signed 2/28/46

RECEIVED

MAR 2 1946

BUREAU V. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH:

County... St. Mary's
 City or town... Essexville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... St. Mary's
 City or town... Essexville Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Francis B. Haselden Harding

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Thomas V. Harding7. Birth date of deceased (mo., day, yr.) Sept 11 1875 6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

70 5 2 _____ hrs. _____ min.

9. Birthplace Chaplin St. Marys Md
(Town, county, and state)10. Usual occupation House wife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. Informant Thomas Irving HardingAddress 4909 Blackfoot Berwyn Md17. Burial Date thereof Feb 16-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt Zion cemeteryLocation Saura Grove Md18. Funeral director W C Mallory & SonsAddress Leonardtown Md19. 2-15-46 19 46 Cavalieri
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1946 at 4:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 6 1946 to Feb 13 1946and that I last saw him alive on Feb 13 1946

Immediate cause of death _____ DURATION _____

Carcinoma of Intestine

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Francis A. Cavalieri M. D. or otherAddress Leonardtown Md Date signed 2/15/46

RECEIVED
FEB 16 1946
BERNARD R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

01875

FILM No. I 00 FEB 13 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
St. Mary's Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Prayerden
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, came war _____

3. (a) FULL NAME

Thomas Joshua Jordan
 4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower

3. (b) Social Security Number

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 29, 1877 1876

8. AGE: Years 69 Months 8 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Prayerden St. Mary's Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Abraham Jordan

13. Birthplace St. Mary's Co

14. Maiden name Ellen Jordan

15. Birthplace St. Mary's Co

18. Informant Viola Jordan

Address Prayerden Md

17. Burial Date thereof Feb 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marks

Location Valley Lee Md

10. Funeral director W.C. Mattingley Sons

Address Leonardtown Md

19. 2/4 19 46 Crematory
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 19 46 at 11:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him alive on February 2 19 46

Immediate cause of death _____ DURATION _____

uremia ca 2 weeks

Due to chronic nephritis several months

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert T. Fuchs, M.D. M. D. or other _____

Address Leonardtown, Md. Date signed 2/8/46

RECEIVED
FEB 6 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01876

Reg. Dist. No. 222

1. PLACE OF DEATH:

County... St. Mary's
 City or town... Hollywood, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... St. Mary's
 City or town... Hollywood, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Cleveland Long.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

m.W.single

6.(b) Name of husband or wife _____

8.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 28th 1895

8. AGE:

Years

Months

Days

If less than one day

6086

hrs.

min.

9. Birthplace Hollywood St. Mary's Co. Md.
(Town, county, and estate)

10. Usual occupation

drumming

11. Industry or business

FATHER

12. Name

Thomas Marty Long

13. Birthplace

Mechanicville, Md.

MOTHER

14. Maiden name

Margaret Latham

15. Birthplace

Hollywood St. Mary's Co. Md.

16. Informant

Mrs. Grace Mattingly

Address

Hollywood, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

2-5-1946
(month) (day) (year)

Cemetery or crematory

St. Johns

Location

Hollywood, Md.

18. Funeral director

W. C. Mattingly Sons

Address

Leonardtown, Md.

19.

24
(Date rec'd by registrar)46Cheverly

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 3rd 1946 at 2:40 M21. I CERTIFY that death occurred on the date above stated; that ~~deceased~~ deceased fromsame he deceased on Feb 3rd 1946

and that I last saw him on _____ 19____

Immediate cause of death

Fractured Skull

DURATION

6 hours

Due to

to a fall from a porch
& his head having hit a
large stone

Due to

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

Injured at work? _____

23. SIGNATURE

J. F. Greenwell M.D.

M. D. or other

Address

Leonardtown, Md.Date signed Feb 3-46

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
FEB 6 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
 City or town St. George's Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD County St. Mary's
 City or town St. George's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Roland Lee Mazingo

3. (b) Social Security Number

213-18-7378

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Darius Carl Mazingo

7. Birth date of deceased (mo., day, yr.)

Feb. 12-18868. (c) If alive, give age 46 years

8. AGE:

Years

Months

Days

If less than one day

581119

hrs.

min.

9. Birthplace

North Plumbank Co. VA.
(Town, county, and state)

10. Usual occupation

Stationer

11. Industry or business

FATHER

12. Name

Alfred Mazingo

13. Birthplace

VA.

MOTHER

14. Maiden name

Julia Dawson

15. Birthplace

VA.

16. Informant

Mrs. Darius Carl Mazingo

Address

St. George's Island, MD

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Feb. 3rd 1946
(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

St. George's Island, MD

18. Funeral director

W. C. Mattingley Sons

Address

Lebanon, Va.

19.

Feb 1946
(Date received by registrar)

19.

W. C. Mattingley Sons
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 1st19 46, at 1 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 1946to Feb 1, 1946

and that I last saw him alive on

Feb 1, 1946

Immediate cause of death

Coronary thrombosis

DURATION

12 hours

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Mattingley Sons

M. D. or other

Address

Great Mills, MDDate signed 2/1/46

RECEIVED
FEB 5 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary'sCity or town Palmer
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary'sCity or town Palmer
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Benjamin Owens4. Sex m. 5. Color or race W. 6.(a) Single, married, widowed, or divorced marriedB.(b) Name of husband or wife Whittie Cecilia Owens7. Birth date of deceased (mo., day, yr.) Sept. 15th 1884 6.(c) If alive, give age 53 years8. AGE: Years 61 Months 4 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace Palmer, St. Mary's Co. md.
(Town, county, and state)10. Usual occupation Masterman

11. Industry or business _____

12. Name Bernard Owens13. Birthplace Palmer, md.14. Maiden name Mary Myrtle Cook15. Birthplace Va.16. Informant Mrs. Whittie Cecilia OwensAddress Palmer, md17. Burial Date thereof Feb - 9, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Second HeartLocation Bushwood, md18. Funeral director H. C. Mattingley SonAddress Leonardtown, md19. 2/7 46 Cecilia Owens
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

220-16-4439

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4th 1946 at 4:00 P. M21. I CERTIFY that death occurred on the date above stated; that I ~~deceased~~ deceased fromCoronary Thrombosis 19 46and that I last saw h. alive on 19 46Immediate cause of death Coronary Thrombosis DURATION 30 mins

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE H. C. Mattingley M. D. or other _____Address Leonardtown, md Date signed Feb 7 46

RECEIVED
FEB 9 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change in
age is shown on
FILE NO. 104 MAY 28 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (146)

CERTIFICATE OF DEATH

01879

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Marys

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
City or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Catherine C. Quade

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife William R. Quade

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 1912

8. AGE: Years 34 Months 33 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John R. Stewart13. Birthplace Maryland14. Maiden name Mary E. Parker15. Birthplace Maryland16. Informant Wm R. QuadeAddress Mechanicsville, Md.17. Burial 2/18/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JosephLocation Morganza, Md.18. Funeral director Elmer M. QuadeAddress Hughesville, Md.19. 2/16 46 Cavalieri
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 19 46, at 9:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 19 46 to Feb. 16 19 46
and that I last saw her alive on Feb. 16 19 46

Immediate cause of death Placenta Previa (complete)
Placental Separation with
Fatal Hemorrhage DURATION 2/15/46

Due to _____
Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Abbasius Q. Welch M.D.
M. D. or otherAddress Chaptico md Date signed 2/16/46

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FEB 19 1946

BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

01880

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. MarysCity or town Rural Scotland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Rural Scotland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Abell Ridgell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary E. Ridgell7. Birth date of deceased (mo., day, yr.) Oct 24, 18756.(c) If alive, give age 60 years8. AGE: Years 70 Months 3 Days 23 It less than one day _____ hrs. _____ min.9. Birthplace Great Mills Md
(Town, county, and state)10. Usual occupation Contractor11. Industry or business Sawmilling and building12. Name Austin R. Ridgell13. Birthplace Great Mills, Md14. Maiden name Susan R. Hammett15. Birthplace unknown16. Informant Mary E. RidgellAddress Scotland Md17. (Burial, cremation, or removal, Which?) Burial Date thereof Feb 19, 1946
(month) (day) (year)Cemetery or crematory St Michaels CemeteryLocation Ridge Md18. Funeral director P. B. RobinsonAddress Lionsdowntown Md19. Feb 16 1946 P. B. Robinson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1946 at 12:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw h. _____ alive on _____ 19____

Immediate cause of death _____ DURATION _____

Coronary embolism 1/2 hourDue to Vegetative endocarditis, chronicDuration five years or more

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. B. Robinson M. D. or other _____Address Great Mills Md Date signed Feb 16/46

RECEIVED TO THE DIRECTOR OF THE BUREAU OF VETERANS AFFAIRS

CERTIFICATE OF DEATH

RECEIVED

FEB 20 1946

BUREAU V. A.